Case 1:05-cr-10214-MLW Document 77-2 Filed 06/27/2007 Page 1 of 4 UNITED STATES COURT OF APPEALS FOR THE FIRST CIRCUIT v. Florentino Ruidiaz, Jr. Massachusetts District of Court of Appeals Case No. .sppeal filed on behalf of Florentino Rudiaz, IV. TRANSCRIPT REPORT Transcript Not Necessary for this Appeal \_ Transcript Already Filed in District Court. List each transcript by docket entry number and date and type of proceeding (attach separate page if necessary) \_\_\_ TRANSCRIPT ORDER Phone Number of Reporter This constitutes an order of the transcript of the following proceedings [check appropriate box(es) and indicate dates of hearing(s)]: HEARING DATE(S) PROCEEDING(S) Jury Voir Dire O Opening Statement (plaintiff) Opening Statement (defendant) Trial П Closing Argument (plaintiff) Closing Argument (defendant) Findings of Fact/Conclusions of Law п Jury Instructions  $\Box$ Change of Plea X Sentencing Bail hearing Pretrial proceedings (specify) Testimony (specify) п Other (specify) \_\_\_ NOTE: Any form that fails to specify in adequate detail those proceedings to be transcribed will be considered deficient. I certify that I have contacted the court reporter and the following financial arrangements for payment of the transcript have been made:

В.

Private funds.

- Government expense (civil case). IFP status has been granted and a motion for transcript at government expense has D been allowed. (Attach a copy of the order to each copy of this order form.)
- Criminal Justice Act. A CJA Form 24 has been approved by the district court judge.
- Criminal Justice Act. A CJA Form 24 is attached for authorization by the court of appeals.

Federal Public Defender/Government Counsel - no CJA Form 24 necessary.

| Filer's name Ruhert S. Sinshermer            | Filer's Signature                      |
|----------------------------------------------|----------------------------------------|
| Firm/Address 4 Long Cellow Place, 35th Flow, | Boston, MA 12114,                      |
| Telephone number (Q17) 227-2800              | Date mailed to court reporter 6 20 107 |

(Court Reporter Use ONLY) Date received \_\_\_\_\_

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Α.

| JA 24 AUTHORIZATION AND V                                                                 |                                          |                                         | PT (5-99)                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                           | · ·                                              |                               |
|-------------------------------------------------------------------------------------------|------------------------------------------|-----------------------------------------|-----------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------|--------------------------------------------------|-------------------------------|
| . CIR./DIST./ DIV. CODE                                                                   |                                          | presented<br>ino Ruidia                 | 7. Tr                                         | ľ                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | VOUCHER NUMB              | SER                                              |                               |
| . MAG, DKT/DEF, NUMBE                                                                     | R [4, D                                  | IST. DKT/DEF. NUI                       | MBER                                          | 5. APPEALS DKT/D                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | EF. NUMBER                | 6. OTHER DE                                      | CT. NUMBER                    |
| . IN CASE/MATTER OF (C                                                                    | ase Name) 8 P                            | AVMENT CATEGO                           | RY                                            | <i>()</i> <sup>™</sup> - 1 <sup>°</sup><br>9. TYPE PERSON R                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                           | 10. REPRESE                                      | NTATION TYPE                  |
| USAV. Florentino Ri                                                                       | £lùarc∐E                                 | elony 🔲 Pet                             | tty Offense                                   | Adult Defendant                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | ☑ Appellant               | (See Instruc                                     |                               |
|                                                                                           | , IHW                                    | lisdemeanor 🔲 Otl<br>ppeal              |                                               | Juvenile Defendar                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                           |                                                  |                               |
| 1. OFFENSE(S) CHARGED                                                                     | (Cite U.S. Cod                           | e Title & Section)                      | If more than or                               | ie offense, list (up to fit                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | e) major offenses c       | harged, accordi                                  | ng to severity of offense.    |
| 18:923(s)(i)                                                                              | -Febrin                                  | . Yo ssessiun o                         | it tirec                                      | irm and Am                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Munition                  | 1                                                |                               |
|                                                                                           | , <b>A</b>                               | Line of the section 25                  |                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                           |                                                  |                               |
| 2. PROCEEDING IN WHIC                                                                     | H TRANSCRIP                              | T IS TO BE USED                         | (Describe briefly                             | "Appeal of th                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | L Sudgment                | OR CONVIC                                        | tion and                      |
| contence authors                                                                          | Neces                                    | ciana is spec                           | n calling,                                    | a Hindled to inc                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | clude, but n              | of limit                                         | d, to the                     |
| 2. PROCEEDING IN WHICK<br>CONTENCE dution N<br>COURT'S OFFICE OF<br>3. PROCEEDING TO BE T | VUULMILE A                               | COULD WALL                              | y me are                                      | en dunts' mof                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | in to Supp                | ress evi                                         | aent defense anening          |
| statement, prosecution argi                                                               | imeni, dejense uri                       | gament, prosecution i                   | ebuttal, voir dir                             | e or jury instructions, i                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | inless specifically a     | uthorized by the                                 | Court (see Item 14).          |
| Sentencing date                                                                           | ed Maya                                  | 1,2007.                                 |                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                           |                                                  |                               |
| 4. SPECIAL AUTHORIZAT                                                                     | TONS                                     |                                         |                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                           |                                                  |                               |
| 4, SPECIAL ACTHORIZAT                                                                     | 10103                                    |                                         |                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                           |                                                  | JUDGE'S INITIALS              |
| A. Apportioned Cos                                                                        |                                          |                                         |                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                           |                                                  |                               |
| B. Expedited                                                                              | Daily                                    | Hourly Transcri                         | pt 🗌 Rea                                      | altime Unedited Tran                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | script                    |                                                  |                               |
| C. Prosecution C                                                                          | pening Stateme                           | ent Prosecution                         | n Argument                                    | Prosecution Reb                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | uttal                     |                                                  |                               |
| Defense Open                                                                              | <del> </del>                             | Defense Ar                              |                                               | ☐ Voir Dire                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | ☐ Jury In                 |                                                  |                               |
| D. In this multi-de                                                                       | fendant case, c                          | ommercial duplica<br>roceeding under th | tion of transc<br>he Criminal J               | ripts will impede the<br>ustice Act.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | delivery of acce          | lerated                                          |                               |
| 5, ATTORNEY'S STATEM                                                                      |                                          | 2000041128                              |                                               | 16. COURT ORDER                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                           |                                                  |                               |
| As the attorney for the person                                                            | represented who                          | is named above, I here                  | by affirm that                                | Financial eligibility of                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | the person represer       | ted having been                                  | established to the Court'     |
| the transcript requested is<br>request authorization to obta                              | necessary for ade<br>in the transcript s | quate representation.                   | . I, therefore,                               | satisfaction, the auth                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | orization requested       | in item 15 18 i                                  | iereny granted.               |
| States pursuant to the Crim                                                               | ninal Justice Act.                       | ſ                                       | 1                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                           |                                                  |                               |
|                                                                                           |                                          | 7/5                                     | 107                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                           |                                                  |                               |
| Signature of Attorn                                                                       |                                          |                                         | Date                                          | Signature                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | of Presiding Judicial (   | Officer or By Order                              | of the Court                  |
| Konert S. S                                                                               | <u>inshermer</u>                         | <u> </u>                                |                                               | Date of O                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | rder                      | Nu                                               | nc Pro Tunc Date              |
| Telephone Number:                                                                         | (417) (22)                               | 1-9754                                  |                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                           |                                                  |                               |
| Panel Attorney Reta                                                                       | ined Attorney                            | Pro-Se LLegal                           |                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                           |                                                  | STORES (AND SECTION )         |
| 17. COURT REPORTER/TE                                                                     | RANSCRIBER S                             | T/05-                                   |                                               | 18. PAYEE'S NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                           | ast Name, inclu                                  | ding any suffix), <b>AN</b> D |
|                                                                                           |                                          | _                                       |                                               | MAILING ADDR                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | ESS                       |                                                  |                               |
| Official Contrac                                                                          | <del></del>                              |                                         |                                               | ł                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                           |                                                  |                               |
| 19. SOCIAL SECURITY NU                                                                    | MBER OR EMP                              | LOYER ID NUMBE                          | R OF PAYEE                                    | 1                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                           |                                                  |                               |
|                                                                                           |                                          |                                         |                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Telephone Numb            | oer:                                             |                               |
| 20. TRANSCRIPT                                                                            | 55                                       | INCLUDE<br>PAGE NUMBERS                 | NO. OF PAGE                                   | ES RATE PER PAGE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                           | LESS AMOU                                        | INT TOTAL                     |
|                                                                                           |                                          | PAGE NUMBERS                            |                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                           | 111 011101                                       |                               |
| Original                                                                                  |                                          |                                         |                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                           | <del>                                     </del> |                               |
| Сору                                                                                      |                                          |                                         | <u>l                                     </u> | <u></u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | <u> </u>                  | <u></u>                                          |                               |
| Expenses (Itemize)                                                                        |                                          |                                         |                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                           | , ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,          |                               |
|                                                                                           |                                          |                                         |                                               | ТОТА                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | L AMOUNT                  | CLAIMED                                          | <u> </u>                      |
| 21. CLAIMAINT'S CERTIF                                                                    | ICATION OF S                             | ERVICE PROVIDE                          | D                                             | t I have not cought as see                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | nived narment (can        | nenegtion or an                                  | uthing of value) from any     |
| I hereby certify that the all<br>other source for these se                                | bove claim is for se<br>rvices.          | rvices rendered and is                  | correct, and tha                              | t i nave not sought or rec                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | жиен раушень ( <i>сол</i> | epenousion or any                                | of bases iron any             |
| Signature of Claimant                                                                     | /Pavee                                   |                                         |                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Date                      |                                                  |                               |
|                                                                                           |                                          | and the State of the                    | 1,3                                           | en ekkaran (dayakka).                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                           | Car estrational state had                        |                               |
| 22. CERTIFICATION OF                                                                      | ATTORNEY OR                              | CLERK I hereby co                       | ertify that the s                             | ervices were rendered a                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | nd that the transc        | ript was received                                | 1,                            |
|                                                                                           |                                          |                                         |                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <u> </u>                  |                                                  |                               |
|                                                                                           | Signature of At                          |                                         |                                               | Divariation of the contraction o | Date<br>INDECINIA MEL     |                                                  |                               |
| 23. APPROVED FOR PAY                                                                      | and a second                             |                                         |                                               | ers in the second of the                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                           | 24. A                                            | MOUNT APPROVED                |
|                                                                                           |                                          |                                         |                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                           |                                                  |                               |
|                                                                                           |                                          | fficer or Clerk of Court                | <del></del>                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Date                      | <del></del>                                      |                               |

## UNITED STATES DISTRICT COURT DISTRICT OF MASSACHUSETTS

UNITED STATES OF AMERICA

٧.

Criminal No. 05-10214 (MLW)

FLORENTINO RUIDIAZ

## NOTICE OF APPEAL

The defendant hereby notifies the court and parties that he intends to, and does lodge an appeal of the judgment of conviction and sentence dated May 21, 2007. This notice of appeal is intended to be construed as broadly as the law and agreements of the parties will allow, and is specifically intended to include, but not be limited to the Court's order of November 21, 2006. denying the defendants' motion to suppress evidence.

> Respectfully submitted: FLORENTINO RUIDIAZ By his attorney

/s/ Robert S. Sinsheimer

Robert S. Sinsheimer, 464940 Denner Pellegrino, LLP Four Longfellow Place, 35th Floor Boston, MA 02114 Tel. 617-227-2800

Dated: June 5, 2007

## CERTIFICATE OF SERVICE

I hereby certify that a copy of this document filed through the ECF systems will be sent electronically to the registered participants as identified on the Notice of Electronic Filing (NEF) and paper copies will be sent to those indicated as non-registered participants on June 5, 2007.

/s/ Robert S. Sinsheimer

Robert S. Sinsheimer